

POSITION

INITIALS

ID NO.

DATE

**FEE DETERMINATION**  
**O.I.P.E. CLASSIFIER**  
**FORMALITY REVIEW**  
**RESPONSE FORMALITY REVIEW**

625673 7-6-4

**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
:	Restricted	O	Objected

BEST AVAILABLE COPY

Claim	Date	Claim	Date	Claim	Date
Final		Original		Final	
1	1/22/62	51	2/22/62	101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59	2/22/62	109	
10		60		110	
11		61		111	
12		62		112	
13	2/22/62	63		113	
14		64		114	
15	N	65		115	
16		66		116	
17		67		117	
18		68		118	
19		69		119	
20	2/22/62	70		120	
21		71		121	
22		72		122	
23		73		123	
24		74		124	
25		75		125	
26		76		126	
27		77		127	
28		78		128	
29		79		129	
30		80		130	
31		81		131	
32	N	82		132	
33		83		133	
34		84		134	
35		85		135	
36		86		136	
37				137	
38				138	
39				139	
40				140	
41				141	
42				142	
43	V			143	
44				144	
45	N 1/22/62			145	
46				146	
47				147	
48				148	
49				149	
50				150	

If more than 150 claims or 10 actions  
staple additional sheet here